	Substitute for Form PTO-875										Annimalia a valid OMB control mbe			
	10-075										To Dockel Humber			
	CLAIMS AS FILED - PART I									<u> </u>		10/10	1,239	
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.	FOR		NUMBER FILED			(Column 2)		SMALL ENTITY		Y ———	OR	SMA	ILL ENTITI	
· 1	BASIC FEE (37, OFR 1.16(a	—				NUMBER EXTRA		RATE						
. 1	TOTAL CLAIMS		·						−F€			RATE	- FØ	
- [(37 OFR 1.16(c)	v . i	minus 20 .			· · · · · · · · · · · · · · · · · · ·		 	5	_	OR			
1	INDEPENDENT (37 CFR 1.16(b)	CLAIMS						x . 25.		\neg		FA	- -	
ŀ			minus 3 =					x ; 100.	┪		OR	× 50.	•	
-	MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(d))									_	OR	x, 200		
- 1	"If the difference in column 1 is less than zero, enter "0" in column 2.							+:180	1		OR I	.360	 	
- 1								TOTAL	1	→ '	۱ ۳۰	+ 62 00;		
- 1			AS AMENDED - PA					TOTAL	L)R	TOTAL		
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13	COI COR (, sele		Mine	PAID	FOR		4		TIONAL . FEE	· ·	- 1	LOVIE	ADD- TIONAL	
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13	31 · · · · · · · · · · · · · · · · · · ·							x s 100=		OR	Г.	,20Q		
	FIRST PRESENTATION OF MIL TIPLE DEPENDENT CLAIM (37 CFR 1.16(d))							+ 180.		7		3,000		
1								TOTAL			+	1300	- 1	
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٧	FIRST PRESEN	ITATION OF MULTI	PLE DEPEND	ENT CIAN	(37 CFR/1.16(d))			× s 100 =	·	OR	x s	200.		
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* If the entry in column 1 is less than the											TOTA	u l		
of the entry in column 1 is less than the entry in column 2, write "0" in column 3. If the "Highest Number Previously Paid For IN THIS SPACE is less than 20, enter "20". The "Highest Number Previously Paid For IN THIS SPACE is less than 3, enter "3".												LFEE		
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VS 00	dection of Inform	mber Previously	Paid For (1	olal or Indep	endent	Is the highest	num	ber found in th	Onton-la-				1	

This collection of information is required by 37 CFR 1.16. The information is required to obtain or retain a benefit by the public which is to file (and by the including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any complete, and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450, DO NOT SEND FEES OR COMPLETED FORMS TO THIS

If you need assistance in completing the form, call 1-800-PTO-9199 and select option 2